

the cavity of the scapula, widely separated from the head of the bone; and the broken os humeri formed a new and good articulation with the glenoid cavity, with a capsular ligament over it, which was in part newly formed. A ligamentous matter passed from the broken end of the os humeri to the inner surface of the glenoid cavity of the scapula.

"The edge of the glenoid cavity remained; but its surface was rather ligamentous, than smooth and cartilaginous.

"The greater tubercle of the os humeri had become enlarged; the tendon of the biceps remained in the bicipital groove; and the tubercles were connected with the broken extremity of the shaft of the os humeri, and not with its head."

In the second kind of fracture through the neck of the bone, at the tubercles, the head of the humerus is broken off, but it remains in the glenoid cavity.—This fracture occurs at the anatomical neck of the bone, at the part at which the capsular ligament is fixed, and where in young persons the epiphysis is placed. Fracture at this point is most frequently met with in children, and is usually the result of falls upon the shoulder. The accident, Sir Astley has known to have been mistaken for dislocation; from this however it may be distinguished by the following symptoms: 1st. The shoulder is not sunken as in luxation. 2d. The end of the broken bone is felt at the coracoid process, and this is supposed to be the head of the humerus, but with care the head of the bone can be felt filling the glenoid cavity: 3. By extension the projection is removed, but immediately reappears when the extension is removed: 4. Motion of the shoulder is painful, and the elbow is with difficulty removed from the side. In old persons fracture through the anatomical neck of the bone is comparatively rare. The best method of treatment consists in the application of splints to the front and back of the arm and the use of a clavicular bandage with a pad in the axilla. In a case which occurred to Mr. Tyrrell, he could not succeed in removing the deformity or in keeping the bone in its place, until the arm was raised and supported at a right angle with the side, by means of a rectangular splint, a part of which rested against the side, while the arm reposed upon the other part. An instance of what the writer of this analysis believes to be an example of this accident, very recently came under his notice. The patient was a young man who had fallen down the hold of a ship at Rio Janeiro and struck his shoulder. Great swelling and pain followed, and as the vessel to which he was attached, sailed the day after his accident, no treatment other than that of keeping the arm in a sling, was pursued. Upon his arrival in Philadelphia, six weeks afterwards, the shoulder presented the following appearances. Measurement of the arm from the acromion to the elbow showed it to be shorter than that of the opposite side: the arm could not be lengthened by extension, and the elbow could be brought down in close contact with the side: the shoulder had not lost its natural rotundity; but an irregular projection existed at its upper front part which rotated with the arm. The parts allowed of considerable motion, and there was every reason to believe that a very useful though deformed articulation would eventually be formed.

In the third kind of fracture of the shoulder, the bone is fractured in its surgical neck, viz. between the tubercles and the insertion of the pectoralis major, coraco-brachialis, latissimus dorsi, teres-major and the deltoid muscles. In this fracture there is no depression under the acromion, the head of the bone being in its cavity, but the fractured extremity of it is drawn upwards and forwards under the pectoral muscle. The elbow may be moved more freely in all directions than in the other injuries about the shoulder, though all motion of it is accompanied with much pain.

In the treatment of this case, splints, the clavicular bandage and the pad in the axilla are required, and Sir Astley particularly recommends that the arm be permitted to hang by the side, unsupported at the elbow so as to let the weight be a constant source of extension. G. W. N.

35. *Extirpation of an Encephaloid Tumour of the Testicle weighing nine pounds.*
M. Ph. BOYER, Surgeon to the Hôpital St. Louis, presented to the Academy of

Medicine at their meeting on the eighth of October last, a testicle, converted into an enormous encephaloid tumour weighing more than nine pounds which he had successfully extirpated fourteen months previously. The spermatic cord was healthy; the wound healed in three days and the patient continued in health up to the present time.—*Revue Médicale*, Nov. 1839.

36. *Venereal Excrescences treated by watery solution of Opium*.—M. VENOT, of the Venereal Hospital, Bourdeaux, having been disappointed in the various remedies which he had employed for the treatment of venereal vegetations, determined to try the efficacy of the narcotic lotions, recommended by M. Desruelles. His experiments were most successful, and from them he draws the following conclusions:—

1. The solution of opium should be fresh and concentrated, an ounce of water containing at least one drachm and a half of opium.

2. The white dry epidermoid vegetations do not yield so readily.

3. All cases of mucous vegetations, moist warts, condylomata, &c., are almost certainly cured by the watery extract of opium, especially if employed after general treatment.

4. The local action of the remedy is manifested in the following manner:—the vegetations dry up, become pale, then yellow, brown, and finally waste away.

5. This action, which is evidently poisonous, may extend to the healthy parts and determine certain accidents, against which the physician must be on his guard.—*Lancet*, from *Gazette Méd. de Paris*, Jan. 13, 1840.

OPHTHALMOLOGY.

37. *Case of sudden and temporary occurrence of Presbyopia in a young Boy*.—Dr. JAMES HUNTER has recorded a curious case of this character in the *Edinburgh Med. and Surg. Journ.* for Jan. last. The subject of it was an intelligent boy, 9½ years of age, who had been three years at school, and was very fond of his books. His sight began to fail about three weeks before Dr. H. saw him, and was so much impaired in the course of four days that he could no longer see to read ordinary type with the naked eye. He had never had inflammation or other disease of the eyes, nor received any local injury that could have caused this affection. His general health had always been good, and he never felt better than at the time when his sight gave way. Dr. H., on the most minute examination, could detect no visible symptom of disease. There was no vascularity of the tunics; the size and shape of the pupils, the motions of the iris, eyeball and eyelids were perfectly normal, and he felt no pain or uneasiness. He could see distant objects as well as ever, but near ones appeared very indistinct. With the assistance of his father's spectacles, which were fitted with glasses of nine and a half inches focal distance, he could read the smallest print.

The patient was ordered an active dose of calomel and rhubarb and afterwards an aperient of senna and salts twice a week, a spare diet, active out-door exercise—to be kept from school, and not to be allowed to use spectacles. Exactly three weeks afterwards his sight began to improve, and in the course of two days was quite restored. The medicine had purged freely—no worms were discharged. The boy can now read as well as ever without glasses.

After discussing the several proximate causes of presbyopia, Dr. H. very correctly, we think, considers that, in the present case, it was a derangement of the mechanism for adjustment.

"All things considered," he remarks, "I think the best explanation of this case is to suppose that there was some derangement of the mechanism by which the eyes are accommodated to the distinct vision of objects at different distances. When the eye is turned from a distant object to the contemplation of a near one, short interval elapses before the latter is seen distinctly; this interval being